



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS C-01.0	Subject: CREDENTIALS
Reference: NCCHC Standard P-C-01, 2014;	Page 1 of 2 and no attachments
Effective Date: January 1, 2017	Revised: July 25, 2017
Signature / Title: /s/ Cindy Hiner / Health Services Manager	
Signature / Title: /s/	

I. PURPOSE

All qualified health care professionals have credentials and provide services consistent with licensure, certification, and registration requirements of the jurisdiction.

II. DEFINITIONS

Clinical Performance Enhancement – the process of conducting a review of a health professional’s work by another health professional of at least equal training in the same general discipline

Designated Health Authority – Regardless of local title, the individual at the facility or program level who is responsible for health services, as designated by the Responsible Health Authority.

Designated Mental Health Authority - Regardless of local title, the individual at the facility or program level who is responsible for mental health services, as designated by the Responsible Mental Health Authority.

III. PROCEDURE

A. General requirements

1. Each Department and contracted health care provider will:
 - a. submit a copy of current license or appropriate credentials to the facility administrator and designated health and mental health authorities upon hire; and
 - b. verification process includes inquiry regarding sanctions or disciplinary actions of state boards, employers, and the National Practitioner Data Bank (NPDB)
 - c. maintain current license or credentials and provide verification of renewal to the facility administrator and designated health and mental health authorities.
 - d. noted licenses with limits restricted to practice only in correctional institutions are not permitted.
2. The designated health and mental health authorities will:
 - a. provide verification of current licenses and credentials through the appropriate licensing board;
 - b. maintain verifications in individual personnel files; and
 - c. provide copies of verifications to the Department’s contract monitor in contracted facilities.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Health Services or Mental Health Services Manager.

V. ATTACHMENTS None